



Medicaid Health Homes Frequently Asked Questions

What is a health home?

A health home is not a building or a place for someone to live. It is a comprehensive and intense method of care coordination. A health home integrates and coordinates all services and supports to treat the “whole-person” across the lifespan.

Who can have a health home?

Medicaid health homes are intended for people with certain chronic conditions, like diabetes, asthma, or mental illness. These people must be Medicaid consumers. They can be consumers who also receive Medicare along with Medicaid.

Does a health home provide all services a person needs?

No. The health home coordinates and manages care. It also provides supports and referrals for the person and their family. Health homes do not replace services like doctor visits, prescription drugs, hospital care, or therapies.

How is a health home different from a medical home?

Medical homes usually have a doctor leading a team of other health providers. Medical homes are not limited to people with certain conditions. They also do not usually include community and social supports as health homes do. Health homes can include what has been called a medical home.

How do health homes improve health?

Health homes help people live healthier lives by making sure:

- Important information is shared among providers and with consumer
- The consumer has the tools needed to help manage his chronic condition
- Needed screenings and tests are done when they should be
- Unnecessary emergency room visits and hospital stays are avoided
- Community and social supports are in place to help maintain health

Are there health homes right now in Kansas?

Not yet. Beginning January 2014 there will be health homes in KanCare, the Kansas Medicaid program. The work to define everything required for health homes in KanCare is going on right now.

How will health homes be provided in KanCare?

It will be a partnership between the KanCare managed care organizations (MCOs) and a health home partner (HHP), which could be any one of a many different types of providers, like:

- Doctors
- Clinics
- Community mental health centers (CMHC)
- Community developmental disability organizations (CDDO)
- Other providers who meet the requirements and contract with an MCO

**Who decides when a person needs a health home?**

Most of the time, MCOs will identify a person based on their medical or behavioral conditions. MCOs will also look at the amount and type of services the person has been using. The person will receive a letter telling them about the health home assignment. They will have a chance to “opt out” (choose not to be in a health home). They can also choose a different health home at that time.

What services are provided by the health home?

The Medicaid program requires these six core services:

- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care, including appropriate follow-up, from inpatient to other settings
- Individual and family support (including authorized representative)
- Referral to community and social support services, if relevant
- Use of health information technology (HIT) to link services

Who pays for health homes services?

The State pays the MCOs a monthly amount to provide health homes for each person. The MCOs will sign agreements with different HHPs to help provide health home services. Some of the services will be provided by the MCOs directly and some will be provided by the HHPs. The agreements will say which services are provided by the MCOs and which are provided by the HHPs. They will also say how much the MCOs will pay the HHPs

How will the payment amount for health homes be decided?

Many things will be looked at to help determine the payment. These things may include:

- Costs for staff
- Needs of the consumer
- Location and size of the HHP